Introduction

Pulmonary means “relating to the lungs.” Pulmonary rehabilitation is generally given to people with chronic lung disease when medication no longer helps. It’s also used before and after specific types of lung surgery. The goal is to help a person gain and keep their highest level of functioning and independence. A team of healthcare professionals cover topics that include:

- Education about the specific lung condition and how to manage it
- Nutrition
- Breathing re-training
- Exercise

This policy describes when pulmonary rehabilitation may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.
**Policy Coverage Criteria**

<table>
<thead>
<tr>
<th>Rehabilitation</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>A single course of pulmonary rehabilitation</td>
<td>A single course of outpatient pulmonary rehabilitation in the outpatient ambulatory care setting may be considered medically necessary for treatment of chronic pulmonary disease for patients with moderate to severe disease who are experiencing disabling symptoms and have significantly diminished quality of life despite optimal medical management. A single course of outpatient pulmonary rehabilitation may be considered medically necessary in an outpatient ambulatory care setting as a preoperative conditioning component for those considered to be appropriate candidates for lung volume reduction surgery and for lung transplantation (see Related Policies).</td>
</tr>
<tr>
<td>Pulmonary rehabilitation programs after lung transplantation</td>
<td>Pulmonary rehabilitation programs are considered medically necessary following lung transplantation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rehabilitation</th>
<th>Investigational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple courses of pulmonary rehabilitation</td>
<td>Multiple courses of pulmonary rehabilitation are considered investigational, either as maintenance therapy in patients who initially respond, or in patients who fail to respond, or whose response to an initial rehabilitation program has diminished over time.</td>
</tr>
<tr>
<td>Home-based pulmonary rehabilitation</td>
<td>Home-based pulmonary rehabilitation programs are considered investigational.</td>
</tr>
<tr>
<td>Pulmonary rehabilitation programs after lung surgery and other situations</td>
<td>Pulmonary rehabilitation programs are considered investigational following all lung surgeries other than lung transplantation, including but not limited to lung volume reduction surgery and surgical resection of lung cancer. Pulmonary rehabilitation programs are considered investigational in all other situations.</td>
</tr>
</tbody>
</table>
**Additional Information**

- A pulmonary rehabilitation outpatient program is a comprehensive program that generally includes team assessment, patient training, psychosocial intervention, exercise training, and follow-up. The overall length of the program and the total number of visits for each component may vary from program to program.
- Team assessment includes input from a physician, respiratory care practitioner, nurse, and psychologist, among others.
- Patient training includes breathing retraining, bronchial hygiene, medications, and proper nutrition.
- Psychosocial intervention addresses support system and dependency issues.
- Exercise training includes strengthening and conditioning and may include stair climbing, inspiratory muscle training, treadmill walking, cycle training (with or without ergometer), and supported and unsupported arm exercise training. Exercise conditioning is an essential component of pulmonary rehabilitation. Education in disease management techniques without exercise conditioning does not improve health outcomes of patients who have chronic obstructive pulmonary disease.
- Follow-up to a comprehensive outpatient pulmonary rehabilitation program may include supervised home exercise conditioning.
- Candidates for pulmonary rehabilitation should be medically stable and not limited by another serious or unstable medical condition. Contraindications to pulmonary rehabilitation include severe psychiatric disturbance (eg, dementia, organic brain syndrome), and significant or unstable medical conditions (eg, heart failure, acute cor pulmonale, substance abuse, significant liver dysfunction, metastatic cancer, disabling stroke).

**Documentation Requirements**

The medical records submitted for review should document that medical necessity criteria are met. The record should include clinical documentation of the following:

- History and physical examination documenting the severity of the member’s pulmonary disease _AND_
- Member has disabling symptoms that have significantly diminished member’s quality of life despite optimal medical management _OR_
- Member is preparing for or recovering from:
  - Lung volume reduction surgery
## Documentation Requirements

**OR**
- Lung Transplantation

## Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0237</td>
<td>Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)</td>
</tr>
<tr>
<td>G0238</td>
<td>Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)</td>
</tr>
<tr>
<td>G0239</td>
<td>Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, 2 or more individuals (includes monitoring)</td>
</tr>
<tr>
<td>G0302</td>
<td>Preoperative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services</td>
</tr>
<tr>
<td>G0303</td>
<td>Preoperative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services</td>
</tr>
<tr>
<td>G0304</td>
<td>Preoperative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services</td>
</tr>
<tr>
<td>G0305</td>
<td>Postdischarge pulmonary surgery services after LVRS, minimum of 6 days of services</td>
</tr>
<tr>
<td>G0424</td>
<td>Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to 2 sessions per day</td>
</tr>
<tr>
<td>S9473</td>
<td>Pulmonary rehabilitation program, nonphysician provider, per diem</td>
</tr>
</tbody>
</table>

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## Related Information

N/A
Description

Pulmonary rehabilitation (PR) is a multidisciplinary approach to reducing symptoms and improving quality of life in patients with compromised lung function. PR programs generally include a patient assessment followed by therapeutic interventions including exercise training, education, and behavior change.

Background

In 2013, the American Thoracic Society (ATS) and the European Respiratory Society (ERS) have defined pulmonary rehabilitation (PR) as a “comprehensive intervention based on a thorough patient assessment followed by patient-tailored therapies that include, but are not limited to, exercise training, education, and behavior change.” PR programs are intended to improve patient functioning and quality of life. Most research has focused on patients with chronic obstructive pulmonary disease (COPD), although there has been some interest in PR in patients with asthma, cystic fibrosis, or bronchiectasis.

PR is also routinely offered to patients awaiting lung transplantation and lung volume reduction surgery. PR before lung surgery may stabilize or improve patients’ exercise tolerance, teach patients techniques that will help them recover after the procedure, and allow health care providers to identify individuals who might be suboptimal surgical candidates due to noncompliance, poor health, or other reasons.

Summary of Evidence

Chronic Pulmonary Disease Rehabilitation

For individuals with moderate-to-severe COPD who receive a single course of outpatient PR, the evidence includes numerous randomized controlled trials (RCTs) and systematic reviews. Relevant outcomes are symptoms, functional outcomes, and quality of life. The published studies found improved outcomes (ie, functional ability, quality of life) in patients with moderate-to-severe COPD who underwent a comprehensive PR program in the outpatient setting. Among the many randomized trials, the structure of the PR programs varied, so it is not...
possible to provide guidance on the optimal components or duration of a PR program. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals with idiopathic pulmonary fibrosis (IPF) who receive a single course of outpatient PR, the evidence includes an RCT. Relevant outcomes are symptoms, functional outcomes, and quality of life. The number of controlled studies is limited. One small RCT evaluated a comprehensive PR program in patients with IPF; at 3 months postintervention, outcomes did not differ between groups who did and did not receive PR. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals with bronchiectasis who receive a single course of outpatient PR, the evidence includes RCTs, systematic reviews, and observational data. Relevant outcomes are symptoms, functional outcomes, and quality of life. A systematic review of 4 RCTs on PR for patients with bronchiectasis found that some, but not all, outcomes improved more with PR than with nonexercise control conditions immediately after the intervention. The evidence is insufficient to determine the effects of the technology on health outcomes.

**Preparation for Lung Surgery**

For individuals with scheduled lung surgery for volume reduction, transplantation, or resection who receive a single course of outpatient PR, the evidence includes RCTs and observational studies. Relevant outcomes are symptoms, functional outcomes, and quality of life. There is a lack of large RCTs comparing PR with no PR for preoperative candidates undergoing lung volume reduction surgery (LVRS), lung transplantation, or lung cancer resection. Moreover, the available studies have evaluated exercise programs, but not necessarily comprehensive PR programs. Also, the few small RCTs and observational studies have only reported short-term outcomes and inconsistent evidence of benefit even on these outcomes. The evidence is insufficient to determine the effects of the technology on health outcomes.

**PR After Lung Surgery**

For individuals who have had LVRS who receive a single course of outpatient PR, the evidence includes a case series. Relevant outcomes are symptoms, functional outcomes, and quality of life. No published RCTs were identified. The case series evaluated a comprehensive PR program after LVRS in 49 patients who had not received preoperative PR. Health-related quality of life was higher at 3 to 6 months and at 12 to 18 months postsurgery. The series did not provide
data on patients who underwent LVRS and did not have postoperative PR, or patients who had preoperative PR. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have had lung transplantation who receive a single course of outpatient PR, the evidence includes RCTs, systematic reviews, and observational studies. Relevant outcomes are symptoms, functional outcomes, and quality of life. Neither of the 2 RCTs identified in a 2010 systematic review reported functional outcomes, but uncontrolled studies have reported improvements in functional outcomes. An RCT, published after the systematic review, found that patients who had a postsurgical exercise intervention walked more 1 year postdischarge than before and had a significantly greater 6-minute walk distance. Findings on other outcomes were mixed. Case series data also support improvements in 6-minute walk distance after postoperative PR. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have had lung cancer resection who receive a single course of outpatient PR, the evidence includes an RCT. Relevant outcomes are symptoms, functional outcomes, and quality of life. One small RCT evaluated a comprehensive PR program in patients who underwent thoracotomy for lung cancer. The trial was terminated early, had a high dropout rate, and reported mixed findings. An exercise-only intervention in patients who had lung cancer surgery had mixed findings and did not evaluate functional outcomes. The evidence is insufficient to determine the effects of the technology on health outcome.

**Repeat or Maintenance Rehabilitation**

For individuals who have had an initial course of PR who receive repeat or maintenance outpatient PR, the evidence includes RCTs. Relevant outcomes are symptoms, functional outcomes, and quality of life. There are only a few RCTs and many of them have methodologic limitations and/or did not report clinically significant outcomes. The evidence is insufficient to determine the effects of the technology on health outcome.

**Home-Based Rehabilitation**

For individuals who have an indication for outpatient PR who receive a single course of home-based PR, the evidence includes RCTs and systematic reviews. Relevant outcomes are symptoms, functional outcomes, and quality of life. Most studies of home-based PR have compared outcomes with standard care. Very few have compared home-based PR with hospital- or clinic-
based PR, and the available studies are mostly of low quality. The evidence is insufficient to determine the effects of the technology on health outcome.

**Ongoing and Unpublished Clinical Trials**

Some currently unpublished trials that might influence this review are listed in Table 1.

### Table 1. Summary of Key Trials

<table>
<thead>
<tr>
<th>NCT No.</th>
<th>Trial Name</th>
<th>Planned Enrollment</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ongoing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCT03299504</td>
<td>Factors Predicting Success in Lung Transplant Recipients Who Have Participated in the COLTT Program (Daily Intensive Post-hospitalization Rehabilitation): A Retrospective Review</td>
<td>105</td>
<td>Apr 2018 (Ongoing)</td>
</tr>
<tr>
<td>NCT03326089</td>
<td>Short and Long-term Effects of Oxygen Supplemented Pulmonary Rehabilitation in Idiopathic Pulmonary Fibrosis</td>
<td>20</td>
<td>Jun 2019</td>
</tr>
<tr>
<td>NCT02823587</td>
<td>Effects of Pulmonary Rehabilitation on Secretion Transport, Inflammation and Respiratory System Strength and Quality of Life in Patients With Bronchiectasis</td>
<td>60</td>
<td>Dec 2019</td>
</tr>
<tr>
<td>NCT02426437</td>
<td>Examining Pulmonary Rehabilitation on Discharged COPD Patients</td>
<td>150</td>
<td>Sep 2019</td>
</tr>
<tr>
<td>NCT02842463</td>
<td>Use of the 6-minute Stepper Test to Individualize Pulmonary Rehabilitation in Patients With Mild to Moderate Chronic Obstructive Pulmonary Disease</td>
<td>80</td>
<td>June 2020</td>
</tr>
<tr>
<td>NCT03095859</td>
<td>Post-operative, Inpatient Rehabilitation After Lung Transplant Evaluation: A Feasibility Study</td>
<td>40</td>
<td>May 2020</td>
</tr>
<tr>
<td>NCT03244137</td>
<td>Effects of Pulmonary Rehabilitation on Cognitive Function in Patients With Severe to Very Severe Chronic Obstructive Pulmonary Disease</td>
<td>100</td>
<td>Sep 2020</td>
</tr>
<tr>
<td>NCT02887521</td>
<td>Pulmonary Rehabilitation Before Lung Cancer Resection</td>
<td>194</td>
<td>Dec 2020</td>
</tr>
<tr>
<td><strong>Unpublished</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCT02614300</td>
<td>The Role of Pulmonary Rehabilitation and Airways Clearance Techniques in the Multidisciplinary Management of Non CF Bronchiectasis</td>
<td>120</td>
<td>Dec 2017 (unknown)</td>
</tr>
</tbody>
</table>
Practice Guidelines and Position Statements

**American Thoracic Society and European Respiratory Society**

A 2015 joint statement on pulmonary rehabilitation (PR) was issued by the American Thoracic Society (ATS) and the European Respiratory Society (ERS). The statement included the following relevant conclusions:

- “PR has demonstrated physiological, symptom-reducing, psychosocial, and health economic benefits in multiple outcome areas for patients with chronic respiratory diseases.”

- “The evidence indicates that patients who benefit from PR include not only persons with moderate to severe airflow limitation but also those with mild to moderate airflow limitation with symptom-limited exercise tolerance, those after hospitalization for COPD exacerbation, and those with symptomatic non-COPD respiratory conditions.”

- “Patients graduating from a PR program stand to benefit from a home, community-based, or program-based maintenance exercise program to support the continuation of positive exercise behavior.”

**American College of Chest Physicians**

Joint guidelines on management of COPD were issued in 2011 by the American College of Physicians, the American College of Chest Physicians, American Thoracic Society, and European Respiratory Society: The guidelines recommend that “clinicians should prescribe pulmonary rehabilitation for symptomatic patients with an FEV₁ [forced expiratory volume] <50% predicted (Grade: strong recommendation, moderate-quality evidence). Clinicians may consider pulmonary rehabilitation for symptomatic or exercise-limited patients with an FEV₁ >50% predicted (Grade: weak recommendation, moderate-quality evidence).”

**American College of Chest Physicians**

In 2007, joint guidelines on PR for COPD and other chronic respiratory diseases were issued by American College of Chest Physicians and the American Association of Cardiovascular and
Pulmonary Rehabilitation. A number of recommendations, including the following, were based on strong (1A) or moderate (1B) evidence (see Table 2).

Table 2. Pulmonary Rehabilitation Guidelines for Chronic Respiratory Diseases

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>A program of exercise training of the muscles of ambulation is recommended as a mandatory component of pulmonary rehabilitation for patients with COPD</td>
<td>1A</td>
</tr>
<tr>
<td>Pulmonary rehabilitation improves the symptom of dyspnea and improves health-related quality of life in patients with COPD</td>
<td>1A</td>
</tr>
<tr>
<td>Six to 12 weeks of pulmonary rehabilitation produces benefits in several outcomes that decline gradually over 12 to 18 months</td>
<td>1A</td>
</tr>
<tr>
<td>Both low- and high-intensity exercise training produce clinical benefits for patients with COPD</td>
<td>1A</td>
</tr>
<tr>
<td>Unsupported endurance training of the upper extremities is beneficial in patients with COPD and should be included in pulmonary rehabilitation programs</td>
<td>1A</td>
</tr>
<tr>
<td>Higher-intensity exercise training of the lower extremities produces greater physiologic benefits than lower-intensity training in patients with COPD</td>
<td>1B</td>
</tr>
<tr>
<td>Evidence does not support the routine use of inspiratory muscle training as an essential component of pulmonary rehabilitation</td>
<td>1B</td>
</tr>
<tr>
<td>Education should be an integral component of pulmonary rehabilitation; it should include information on collaborative self-management and prevention and treatment of exacerbations</td>
<td>1B</td>
</tr>
<tr>
<td>Pulmonary rehabilitation is beneficial for some patients with chronic respiratory diseases other than COPD</td>
<td>1B</td>
</tr>
</tbody>
</table>

COPD: chronic obstructive pulmonary disease; GOR: grade of recommendation.

Medicare National Coverage

In 2007, the Centers for Medicare and Medicaid Services affirmed its position that a national coverage determination for PR is not appropriate.}

References


**Date** | **Comments**
--- | ---
05/01/18 | Annual Review, approved April 18, 2018. Policy updated with literature review through January 2018; references 21 and 36 added; reference 26 updated. Policy statements unchanged; statements reordered to align with evidence summary.
06/01/19 | Annual Review, approved May 7, 2019. Policy updated with literature review through January 2019; no references added. Policy statements unchanged. Removed CPT codes 94799 and 97799.
11/01/19 | Minor update, updated Related Policies.

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Email AppealsDepartmentInquiries@Premera.com

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U.S. Department of Health and Human Services
200 Independence Avenue SW, Room S09F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

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Arabic (Arabic):
يكون هذا الإشعار معلومات هامة. قد يكون هذا الإشعار معلومات مهمة بخصوص طلبك أو طلب من طرفك. فضلاً، تحقق من هذه المعلومات. الادارة التي تمتلك الادارة-II-Cross.

ぜひ確認してください。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含みます。この通知は重要な情報を含mi
Japanese (Kanji):
この通知には重要な情報が含まれています。これにより、Premera Blue Crossの申請または補償範囲に関する重要な情報が含まれています。この通知には記載されている可能性がある重要な日付を確認してください。健康保険や医療サポートを維持するには、特定の期限までに行動を起こさなければならない場合があります。ご自身の言語による情報とサポートを無料で提供します。800-722-1471 (TTY: 800-842-5357)までお電話ください。

한국어 (Korean):
본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross를 통한 커버리지에 관한 정보를 포함하고 있습니다. 본 통지서에는 백신이 되는 난파들이 있을 수 있습니다. 귀하의 귀하의 건강 커버리지를 계속 유지하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하 이른 정보와 수자분 귀하의 안의 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357)로 전화하십시오.

Polski (Polish):

Português (Portuguese):
Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir dados importantes neste aviso. Tais serão necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Română (Romanian):

Русский (Russian):
Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть ключевые даты. Вам, возможно, потребуется привести к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):
Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas claves en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tагalog (Tagalog):
Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaring nagagamit ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaring may mga mahalagang petsa dito sa paunawa. Maaring maging unaan ng naaangak-bahagi sa hanggang maging mahalagang pahanggan unang mapanatili ang iyong pagsakop sa kalusugan o tulungan sa walang gastos. May karapatan ka na maakuha ng galing impormasyon at tulungan sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357)

ไทย (Thai):
ประกาศนี้มีข้อมูลที่สำคัญเกี่ยวกับการส่งข้อมูลที่เกี่ยวข้องกับการประกันสุขภาพของคุณ Premera Blue Cross และบุคคลที่เกี่ยวข้องในกรณีที่คุณต้องการ ดังนั้นคุณสามารถที่จะมีข้อมูลที่เกี่ยวข้องที่แม่นยำเพื่อการส่งข้อมูลที่เกี่ยวข้องในกรณีที่คุณต้องการ ได้ โปรดติดต่อ Premera Blue Cross หรือเจ้าหน้าที่ของคุณ.

Український (Ukrainian):
Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказани в цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дозвоніться за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):